	Clear Form
1	Martinez Law Office 1434 Third Street # 3C Napa, CA 94559
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3	JUL - 7 2008 E-filing RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT
4	CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
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8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9	R7
10	Alejandro Magana
11	Plaintiff, CASENO.
12	vs. APPLICATION TO PROCEED
13	Caryl Ann Cooper) IN FORMA PAUPERIS (Non-prisoner cases only)
14	Defendant.
15	
16	I, Alejandro Magana, declare, under penalty of perjury that I am the plaintiff
17	in the above entitled case and that the information I offer throughout this application is true and
18	correct. I offer this application in support of my request to proceed without being required to
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relief
21	In support of this application, I provide the following information:
22	1. Are you presently employed? Yes No <u>✓</u>
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the
24	name and address of your employer:
25	Gross: Net:
26	Employer:
27	
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary

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1	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)
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4	5. Do you own or are you buying a home? Yes No
5	Estimated Market Value: \$ Amount of Mortgage: \$
6	6. Do you own an automobile? Yes No
7	Make Year Model
8	Is it financed? Yes No If so, Total due: \$
9	Monthly Payment: \$
10	7. Do you have a bank account? Yes No (Do not include account numbers.)
11	Name(s) and address(es) of bank:
12	
13	Present balance(s): \$
14	Do you own any cash? Yes V No Amount: \$
15	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16	market value.) Yes No <u>/</u>
17	
18	8. What are your monthly expenses?
19	Rent: \$ 256 Utilities:
20	Food: \$ Clothing:
21	Charge Accounts:
22	Name of Account Monthly Payment Total Owed on This Account
23	
24	\$ \$
25	\$ \$
26	9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27	they are payable. Do <u>not</u> include account numbers.)
28	Hospital Over \$19,000.00 due to accident
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2	10. Does the complaint which you are seeking to file raise claims that have been presented in
3	other lawsuits? Yes No
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5	which they were filed.
6	Which they were fred.
7	
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9	false statement herein may result in the dismissal of my claims.
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11	5/28/08 + Hannel Magaina
12	DATE SIGNATURE OF APPLICANT
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